



11/1633
Box 5E2

AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-ZA 3519	
SERIAL NO: 09/300,959	FILING DATE: April 27, 1999	EXAMINER: C. Stroup	GROUP ART UNIT: 1633	
INVENTION: SOMATIC TRANSGENE IMMUNIZATION AND RELATED METHODS				

TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on July 20, 2000.

By: Deborah L. Cadena
Deborah L. Cadena, Reg. No. 44,048

July 20, 2000
Date of Signature

Transmitted herewith is a Response to Restriction Requirement and Notice to Comply With Requirements for Patent Applications Containing nucleotide Sequence and/or Amino Acid Sequence Disclosures mailed June 21, 2000, in the above-identified patent application.

☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.

☐ Petition for Extension of Time is enclosed (in duplicate).

☒ A copy of the Notice to Comply.

☒ Paper copy of sequence listing, pages 1 through 12.

☒ Statement Under 37 C.F.R. § 1.821(f) and (g)

☒ Sequence listing in computer readable form.

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	33	-	33	-	0	x	\$9	\$18	=	\$0	\$
INDEPENDENT CLAIMS	5	-	5	-	0	x	\$39	\$78	=	\$0	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$130	\$260	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$0	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

Inventor: Maurizio Zanetti
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*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

____ Please charge my Deposit Account No. 03-0370 the amount of \$_____. A duplicate copy of this sheet is enclosed.

____ A check in the amount of \$_____ is enclosed, \$_____ of which covers the fee for a _____-month extension of time.

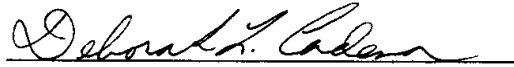
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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